

Minutes of the meeting of the Finance Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, March 21, 2014 at the hour of 8:45 A.M., at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Butler called the meeting to order at 8:45 A.M. He recessed the meeting to the call of the Chair, in order for the preceding Human Resources Committee Meeting to conclude. Following the adjournment of the Human Resources Committee, Chairman Butler reconvened the meeting, and the Committee began its consideration of the items presented.

Present: Chairman Hon. Jerry Butler and Directors Ada Mary Gugenheim; M. Hill Hammock; and Dorene P. Wiese, EdD (4)

Board Chairman David Carvalho (ex-officio)

Absent: Director Jorge Ramirez (1)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management

Cathy Bodnar – Chief Compliance and Privacy Officer

John Cookinham – System Chief Financial Officer

Claudia Fegan, MD - Executive Medical Director/Medical Director Stroger Hospital

Randolph Johnston –System Associate General Counsel

Sandra Martell, RN, DNP – Cook County

Department of Public Health

Deborah Santana – Secretary to the Board

II. Public Speakers

Chairman Butler asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Action Items

A. Minutes of the Finance Committee Meeting, February 21, 2014

Director Hammock, seconded by Director Wiese, moved to accept the minutes of the Finance Committee Meeting of February 21, 2014. THE MOTION CARRIED UNANIMOUSLY.

B. Contracts and Procurement Items (Attachment #1)

Gina Besenhofer, System Director of Supply Chain Management, provided an overview of the requests presented for the Committee's consideration. The Committee reviewed and discussed the requests.

The following individuals provided additional information on the requests: Dr. Sandy Martell, Chief Nursing Officer, Cook County Department of Public Health (CCDPH); Jerry Kiplinger, Director of Operations, Managed Care; Dr. Claudia Fegan, Executive Medical Director/Medical Director Stroger Hospital; and Cathy Bodnar, Chief Compliance and Privacy Officer.

III. Action Items

B. Contracts and Procurement Items (continued)

With regard to request number 1, Dr. Martell provided information regarding the reason why the Illinois Department of Public Health (IDPH) did not renew the Vaccines for Children (VFC) Grant Program in FY2014. Previously, IDPH provided for two components – the actual vaccine program, and a component for a follow-up or assessment of providers. She stated that the discontinued component is not for the actual vaccine program – it pertains to the component for follow-up or assessment of providers. With the Affordable Care Act (ACA), individual providers are no longer eligible to be VFC providers, so the follow-up/assessment component was no longer needed.

With regard to request number 2, Dr. Fegan and Mr. Kiplinger provided additional information. Director Gugenheim inquired regarding the actuarial basis for setting the limit, and whether this includes renal transplants. Dr. Fegan responded that the first few months of CountyCare have demonstrated that the population has increased needs. The usual expectation is for one organ transplant per 100,000 enrollees – this has already been exceeded. Mr. Kiplinger stated that renal is covered; however, frequently these patients revert to another form of insurance. Dr. Fegan stated that the State of Illinois, unlike many states, has covered renal failure-related services, even in the undocumented – not transplants, but dialysis and care. In response to a question regarding “first dollar coverage,” Mr. Kiplinger stated that, under this, they pay the initial claim, then the reinsurance will cover the System up to a certain amount. Director Hammock stated that it would be helpful to receive a bit more of an explanation for this item; Chairman Carvalho suggested that, perhaps at the Board Meeting, Mr. Glass could flesh this matter out a little more¹.

With regard to request number 4, Director Hammock requested clarification as to whether this was a request to extend the contract. Ms. Besenhofer responded that this should be a request to amend and increase the contract with The Washington Group; the transmittal will be amended to reflect that correction.

Director Hammock, seconded by Director Wiese, moved the approval of request numbers 1 through 9. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections III and IV

IV. Recommendations, Discussion/Information Items

A. Update on Section 1115 Medicaid Waiver Demonstration Project/CountyCare

Steven Glass, Executive Director of Managed Care, will present his report at the next Finance Committee Meeting. He had an unavoidable conflict that prevented his attendance at this meeting.

V. Report from System Director of Supply Chain Management

A. Report of emergency purchases

There were no emergency purchases to report at this time.

B. Report of procurement and non-procurement matters for FY2014 – 1st Quarter (Attachment #2)

Ms. Besenhofer presented the Report of Procurement Matters for FY2014-1st Quarter. The Committee reviewed and discussed the information.

V. Report from System Director of Supply Chain Management

B. Report of procurement and non-procurement matters for FY2014 – 1st Quarter (continued)

In response to a question from Director Hammock regarding the contract period for those contracts listed, Ms. Besenhofer stated that she can include that information on subsequent reports².

Director Hammock, seconded by Director Gugenheim, moved to receive and file the Report of Procurement Matters for FY2014-1st Quarter. THE MOTION CARRIED UNANIMOUSLY.

VI. Report from Chief Financial Officer

A. Financial Reports – through November 2013 (Attachment #3)

John Cookinham, System Chief Financial Officer, provided an overview of the information contained in the Financial Reports through November 2013. The Committee reviewed and discussed the information.

During the review of the reports, Mr. Cookinham provided an update on the plan regarding the FY2013 audited financial statements. He stated that, in the last couple of years, the County has issued its financial statements by the end of May, usually by May 31st. The auditors have indicated that they will have drafts for review by early April. They are now on site, beginning their work.

Director Hammock, seconded by Director Gugenheim, moved to receive and file the Financial Reports through November 2013. THE MOTION CARRIED UNANIMOUSLY.

VII. Adjourn

As the agenda was exhausted, Chairman Butler declared the meeting ADJOURNED.

Respectfully submitted,
Finance Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
Hon. Jerry Butler, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

¹ Follow-up: Regarding request number 2, under Contracts and Procurement Items - suggestion made that further information should be provided at the March 28th Board Meeting. Page 2.

² Follow-up: For future Report of Procurement Matters, information on the contract periods will be included. Page 3.

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
March 21, 2014

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM III(B)
MARCH 21, 2014 FINANCE COMMITTEE MEETING
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal impact not to exceed:	Affiliate / System	Begins on Page #
Accept Grant Renewal					
1	Illinois Department of Public Health	Service - Perinatal Hepatitis B prevention services	Grant renewal amount: \$35,000.00	CCDPH	2
Approval of Payment					
2	Mesirow Financial	For the purchase of insurance (coverage to be provided by PartnerRe) covering against liability for the cost of services relating to organ transplants required by persons who enroll in the CountyCare Program	\$3,978,000.00	Managed Care	3
Extend and Increase Contract					
3	Standard Textile Co. Inc.	Service - laundry and linen service program	\$364,000.00	System	4
Amend, Extend and Increase Contract					
4	The Washington Group LTD	Service - temporary staffing services	\$329,334.00	System	5
Execute Contracts					
5	Professional Clinical Laboratories (ALVERNO)	Service - send-out-test processing, staining histology specimens and cytogenic testing	\$6,097,259.74	PHCC, SHCC	6
6	Anchor Mechanical, Inc.	Service - maintenance and repair of boiler and chiller system	\$1,023,210.00	SHCC, OFHC	7
7	Cedar Interactive	Service - professional consulting (organizational education)	\$355,550.00	System	8
8	H-O-H Chemicals, Inc.	Service - water treatment maintenance and repair services	\$258,140.15	SHCC, OFHC	9
9	Illinois Department of Public Health	Service - newborn metabolic screening (PKU)	\$170,000.00	SHCC	10

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Terry Mason, M.D., Chief Operating Officer, Cook County Department of Public Health (CCDPH)	
DATE: 02/24/2014		PRODUCT / SERVICE: Service -Perinatal Hepatitis B Prevention Services	
TYPE OF REQUEST: Grant Contract Renewal		VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, Illinois	
ACCOUNT: *		FISCAL IMPACT:	GRANT FUNDED AMOUNT: \$35,000.00
CONTRACT PERIOD: 01/01/2014 through 12/31/2014		CONTRACT NUMBER: 45180012B	
COMPETITIVE SELECTION METHODOLOGY: N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: N/A			

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System approved the previous grant awards of \$100,000.00 for Vaccines for Children and \$35,000.00 for Perinatal Hepatitis B Prevention Services for a total of \$135,000.00 for a 12 month program on March 28, 2013.

NEW PROPOSAL JUSTIFICATION:

Under the Illinois Department of Public Health Perinatal Hepatitis B Prevention Grant, the Cook County Department of Public Health will conduct Perinatal Hepatitis B Prevention Services to Hepatitis B positive mothers and their at-risk infants and household contacts. This service is a Standard of Care and is provided with or without the grant funds. (Please note: The Illinois Department of Public Health did not renew the Vaccines for Children Grant Program in FY 2014).

*The deferred liability for this agreement is \$ 0.00

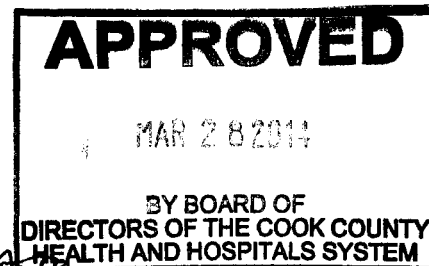
TERMS OF REQUEST:

This is a request to renew Grant Contract Number 45180012B in an amount not to exceed \$35,000.00 for a period of twelve (12) months from 01/01/2014 thru 12/31/2014.

CCHHS COO: 
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: 
John Cookinham, Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer



Request #
1

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COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS



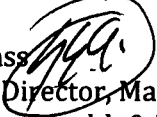
Toni Preckwinkle • President
Cook County Board of Commissioners
Ram Raju MD, MBA, FACS, FACHE
Chief Executive Officer
Cook County Health & Hospitals System

Health & Hospitals System Board Members

David Carvalho • Chairman
Jorge Ramirez • Vice Chairman
Commissioner Jerry Butler
Lewis M. Collens
Ada Mary Gugenheim
M. Hill Hammock
Wayne M. Lerner, DPH, FACHE
Rev. Calvin S. Morris, PhD
Luis Muñoz, MD, MPH
Carmen Velasquez
Dorene P. Wiese, EdD

February 19, 2014

To: Chairman Carvalho and Members of the Finance Committee
Board of Directors, Cook County Health and Hospitals System

From: Steven Glass 
Executive Director, Managed Care
Cook County Health & Hospital Systems

Re: Purchase of Certain Insurance for CountyCare Program

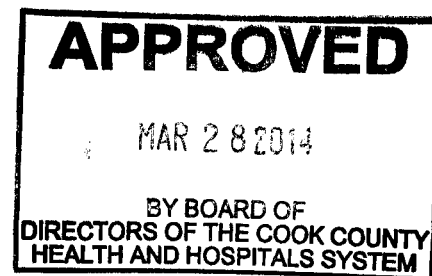
This memo provides background information and requests your approval of the payment up to \$3,978,000 for the purchase of insurance covering against liability for the cost of services relating to organ transplants required by persons who enroll in the CountyCare Program. The coverage to be purchased will be provided by PartnerRe, as placed by the County's Broker, Mesirow Financial, and will be priced on a PMPM basis.

As you know, the CCHHS must provide or arrange a range of inpatient and outpatient services for CountyCare members. Because services related to transplantation surgery are extremely expensive, it is recommended that the CCHHS purchase a policy of insurance that will provide first dollar coverage for these services, should they be required. This will insure against the potential of loss resulting from significant expenses that may exceed the reimbursement received by the County for the operation of the CountyCare Program.

Thank you for your consideration.

Cc: Ram Raju
Chief Executive Officer
CCHHS

Gerald Kiplinger
Director of Operations, Managed Care
CCHHS



Request #

2

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Regina M. Besenhofer, Director Supply Chain Mgmt		EXECUTIVE SPONSOR: Anthony Rajkumar, Chief Business Officer	
DATE: 3/5/2014		PRODUCT / SERVICE: Service - Laundry and Linen Service Program	
TYPE OF REQUEST: Extend and Increase		VENDOR / SUPPLIER: Standard Textile Co., Inc., Cincinnati, OH	
ACCOUNT: 890-222		FISCAL IMPACT NOT TO EXCEED: \$364,000.00	GRANT FUNDED AMOUNT: N/A
CONTRACT PERIOD: 08/01/2010 thru 3/31/2014		CONTRACT NUMBER: H10-25-026	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: GPO		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

This contract provides for laundry and linen service at Stroger and Provident Hospitals as well as Oak Forest Health Center. The Cook County Health and Hospitals System Board of Directors approved this contract on 4/30/2010 in the amount of \$6,540,000.00 for the period from 08/01/2010 through 07/31/2013. The contract was extended from 08/01/2013 thru 10/31/2013 and 10/31/2013 with no increase in cost. During the competitive process the CCHHS Board approved on 01/24/2014 as increase and extension of the contract for \$545,000.00 and the time period from 12/31/2013 thru 3/31/2014.

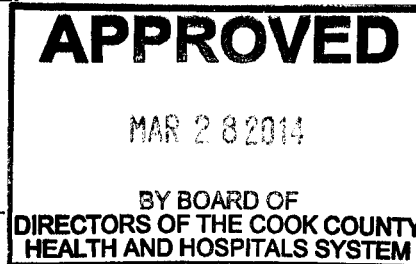
NEW PROPOSAL JUSTIFICATION:

This request is to extend and increase the current Laundry and Linen contract to allow for the implementation of the new contract. It is critical to allow enough time for the chosen vendor to be prepared to meet the complete scope of work as defined in the RFP.

TERMS OF REQUEST:

This is a request to extend and increase contract number H10-25-026 in an amount not to exceed \$364,000.00, as needed, for the period from 04/01/2014 through 05/31/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE:



CCHHS CFO: *John Cookinham*
John Cookinham, Chief Financial Officer

CCHHS CEO: *Ram Raju*
Ram Raju, M.D., Chief Executive Officer

Request #
3

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AS AMENDED

OBOARD APPROVAL REQUEST

SPONSOR: Laura Wahlfeldt, Director, Case Management <i>Ram</i>		EXECUTIVE SPONSOR: Claudia M. Fegan, M.D., Executive Medical Director/Medical Director Stroger Hospital	
DATE: 02/06/2014		PRODUCT / SERVICE: Service - Temporary Staffing Services	
TYPE OF REQUEST: Amend, Extend and Increase Contract		VENDOR / SUPPLIER: The Washington Group LTD, Chicago, IL	
ACCOUNT: 890-260		FISCAL IMPACT NOT TO EXCEED: \$329,334.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 12/01/2012 thru 11/30/2015		CONTRACT NUMBER: H12-25-086	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY RFP		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY:		

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System Board of Directors approved contract number H12-25-086 on 11/29/2012 in the amount of \$800,000.00 for the period from 12/01/2012 thru 11/30/2015. This contract was awarded to provide temporary staffing to work down accounts receivable and accelerate cash flow while we are recruiting for permanent staff.

NEW PROPOSAL JUSTIFICATION:

As we strive to provide critical care, meet patient demand, and insure positive cash flow, temporary staff is needed while we recruit and hire staff due to continued retirements and attrition.

TERMS OF REQUEST:

This is a request to amend, ~~extend~~ and increase contract number H12-25-086 in an amount not to exceed \$329,334.00, as needed, for a period of nineteen (19) months from 04/01/2014 thru 11/30/2015.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CBO: *Anthony Rajkumar*
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: *John Cookinham*
John Cookinham, Chief Financial Officer

CCHHS CEO: *Ram Raju*
Ram Raju, M.D., Chief Executive Officer

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MAR 28 2014

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Request #
4

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BOARD APPROVAL REQUEST

SPONSOR: Joanne Marcichow-Dulski Director Laboratory, CCHHS		EXECUTIVE SPONSOR: Peter Daniels Chief Operating Officer, Hospital Based Services	
DATE: 03/07/2014		PRODUCT / SERVICE: Service: Send-Out Test- Processing, Staining Histology Specimens and Cytogenetic Testing	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Professional Clinical Laboratories (ALVERNO), Chicago, IL	
ACCOUNT: FISCAL IMPACT NOT TO EXCEED:		GRANT FUNDED /RENEWAL AMOUNT:	
897-278: Stroger Hospital \$5,844,180.28		N/A	
891-278: Provident Hospital \$ 253,079.46			
Total: \$6,097,259.74			
CONTRACT PERIOD: 04/01/2014 thru 03/31/2017		CONTRACT NUMBER: H14-73-015	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: RFP			
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: N/A			

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System (CCHHS) Board approved contract number H10-25-064 in the amount of \$3,608,054.91 for 36 months from 11/01/2010 thru 10/31/2013. The contract provided for the Department of Pathology to send out histology specimens for processing and staining.

NEW PROPOSAL JUSTIFICATION:

This request is to execute a new and expanded contract with Professional Clinical Laboratories. Through the RFP process, this company was found to best meet the needs of CCHHS with required quality deliverables, complete service pricing, timely responses, and demonstrated quality solutions and service. This contract will not only provide for the ability to process and stain Histology specimens, but will also provide for cytogenetic tests. This will enable the laboratory to continue to assist clinicians diagnose, treat and follow-up patients in a timely fashion.

TERMS OF REQUEST:

This is a request to execute contract number H14-73-015 in an amount not to exceed \$6,097,259.74, as needed, for a period of thirty-six (36) months from 04/01/2014 thru 03/31/2017.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CBO:

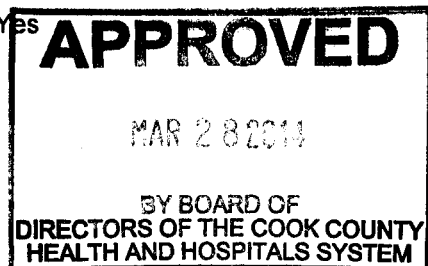
Anthony Rajkumar, Chief Business Officer

CCHHS CFO:

John Cookinham, Chief Financial Officer

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer



Request #

5

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BOARD APPROVAL REQUEST

SPONSOR: David Lai, AIA, LEED AP, Director of Stroger Hospital Plant / James DeLisa, System Director of Plant Operations, CCHHS		EXECUTIVE SPONSOR: Anthony Rajkumar, Chief Business Officer 	
DATE: 02/04/2014		PRODUCT / SERVICE: Service: Maintenance and Repair of Boiler Chiller System	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Anchor Mechanical, Inc., Chicago, Illinois	
ACCOUNT: 897-449 898-449 Total	FISCAL IMPACT NOT TO EXCEED: JHSH \$ 910,610.00 OFHC \$ 112,600.00 \$1,023,210.00	GRANT FUNDED / RENEWAL AMOUNT: NONE	
CONTRACT PERIOD: 04/01/2014 thru 02/28/2017		CONTRACT NUMBER: H14-72-010	
X	COMPETITIVE SELECTION METHODOLOGY: RFP		
	NON-COMPETITIVE SELECTION METHODOLOGY:		

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System (CCHHS) Board of Directors approved Contract Number H10-72-071 on November 19, 2010 in the amount of \$925,400.00 for a thirty-six (36) month period from 12/01/10 through 11/30/13. This contract provided maintenance, repair and replacement of chiller systems cooling towers boilers and absorbers.

NEW PROPOSAL JUSTIFICATION:

This is a request to enter into a new contract with Anchor Mechanical, Inc. to provide continued maintenance, repair and replacement services of chiller, systems cooling towers, boilers and absorbers for the John H. Stroger, Jr. Hospital of Cook County and the Oak Forest Health Center.

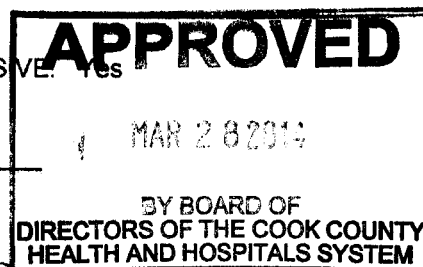
TERMS OF REQUEST:

This is a request to execute contract number H14-72-010 in an amount not to exceed \$1,023,210.00, as needed, for a period of 36 months from 04/01/2014 thru 02/28/2017.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: YES

CCHHS CFO:
 John Cookinham, Chief Financial Officer

CCHHS CEO:
 Ram Raju, M.D., Chief Executive Officer



Request #
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BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Cathy Bodnar, Chief Compliance & Privacy Officer <i>[Signature]</i>	
DATE: 03/07/2014		PRODUCT / SERVICE: Service - Professional Consulting (Organizational Education)	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Cedar Interactive, Highland Park, IL	
ACCOUNT: 890-260		FISCAL IMPACT NOT TO EXCEED: \$355,550.00	GRANT FUNDED /RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 04/01/2014 thru 03/31/2016		CONTRACT NUMBER: H14-25-023	
X	COMPETITIVE SELECTION METHODOLOGY: RFP		
	NON-COMPETITIVE SELECTION METHODOLOGY:		

PRIOR CONTRACT HISTORY:

Cedar Interactive is the vendor of choice for providing learning management support to CCHHS through the Office of Corporate Compliance. External assistance is required to support electronic learning management initiatives system-wide and provide adult education expertise. Cedar Interactive learning strategy consultants have extensive experience in healthcare in the Chicago market.

CCHHS entered into an initial agreement in May 2013 after consulting with academic medical center colleagues in education and training. Cedar Interactive was chosen based upon availability, healthcare experience, an hourly pricing model, and interest in working with CCHHS. The initial contract amount awarded was \$21,625.00.

NEW PROPOSAL JUSTIFICATION:

This request is to enter into a contract with Cedar Interactive for ongoing support and expertise to continue the electronic learning management curriculum initiated in 2012. They will also assist in providing expertise and best practice recommendations for mandatory annual education requirements for healthcare providers.

TERMS OF REQUEST:

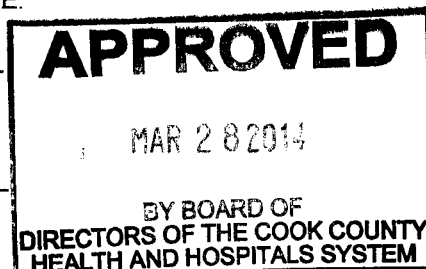
This request is to execute contract number H14-25-023 in an amount not to exceed \$355,550.00, as needed, for a period of twenty-four (24) months from 04/01/2014 thru 03/31/2016.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE:

CCHHS CBO: *[Signature]*
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: *[Signature]*
John Cookinham, Chief Financial Officer

CCHHS CEO: *[Signature]*
Ram Raju, M.D., Chief Executive Officer



Request #

7

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BOARD APPROVAL REQUEST

SPONSOR: David Lai, AIA, LEED, AP, Director of Stroger Hospital Plant James DeLisa, System Director of Plant Operations		EXECUTIVE SPONSOR: Anthony Rajkumar, Chief Business Officer 					
DATE: 07/25/2013		PRODUCT / SERVICE: Service - Water Treatment Maintenance and Repair Services					
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: H-O-H Chemicals, Inc., Palatine IL					
ACCOUNT 897-450 898-450	FACILITY JHSH OFHC	FISCAL IMPACT \$188,602.60 \$ 69,537.55	GRANT FUNDED / RENEWAL AMOUNT: None				
CONTRACT PERIOD: 04/01/2014 thru 02/28/2017		CONTRACT NUMBER: H14-72-008					
<table style="width: 100%; border: none;"> <tr> <td style="width: 30px; text-align: center; border: 1px solid black;"><input checked="" type="checkbox"/></td> <td style="border: none;">COMPETITIVE SELECTION METHODOLOGY: RFP</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">NON-COMPETITIVE SELECTION METHODOLOGY:</td> </tr> </table>				<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFP	<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY:
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFP						
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY:						

PRIOR CONTRACT HISTORY:

Contract Number H10-72-057 was approved by the Cook County Health and Hospitals System Board on 08/26/2010 in the amount of \$170,194.18 for a thirty-six (36) month period from 08/27/10 through 08/26/13. The contract was originally processed for Stroger Hospital only. The contract was extended for John H. Stroger Jr. Hospital until 02/05/2014 with no increase in cost.

NEW PROPOSAL JUSTIFICATION:

This request is for HOH Chemicals to provide the water treatment services program for the boiler systems, cooling towers, all hot water loops, and all chilled water loops for John H. Stroger Hospital and Oak Forest Health Center.

TERMS OF REQUEST:

This is a request to execute contract number H14-72-008 in an amount not to exceed \$258,140.15, as needed, for thirty-six (36) months from 04/01/2014 thru 02/28/2017.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CFO:
 John Cookinham, Chief Financial Officer

CCHHS CEO:
 Ram Raju, M.D., Chief Executive Officer

APPROVED

MAR 28 2014

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
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Request #
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BOARD APPROVAL REQUEST

SPONSOR: Joanne Marcichow-Dulski Laboratory Director, CCHHS		EXECUTIVE SPONSOR: Peter Daniels Chief Operating Officer, Hospital Based Services	
DATE: 01/13/2014	PRODUCT / SERVICE: Service: Newborn Metabolic Screening (PKU)		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, IL		
ACCOUNT: 897-278	FISCAL IMPACT NOT TO EXCEED: \$170,000.00	GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 06/01/2014 thru 05/31/2015		CONTRACT NUMBER: H14-25-017	
COMPETITIVE SELECTION METHODOLOGY: NA			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:

This contract is for metabolic tests mandated by the State and performed on all newborns at Stroger Hospital. The tests must be repeated as many times as needed on an outpatient basis. The Cook County Health and Hospitals System Board approved contract number H11-25-008 in the amount of \$156,000.00 on 06/24/2011 for 12 months from 06/01/2011 through 05/31/2012. The following year contract number H12-73-003 was approved in the amount of \$163,800.00 by the Board on 05/31/2012. It was also for a period of one year from 6/01/2012 thru 05/31/2013. Subsequently contract number H13-25-059 was approved by the Board on 06/27/2013 in the amount of \$155,000.00 to continue these tests from 06/01/2013 thru 05/31/2014.

NEW PROPOSAL JUSTIFICATION:

This contract will allow metabolic tests performed by the Illinois Department of Public Health to continue as mandated by the State of Illinois.

TERMS OF REQUEST:

This is a request to execute contract number H14-25-017 in an amount not to exceed \$170,000.00, as needed, for a period of twelve (12) months from 06/01/2014 thru 05/31/2015.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: N/A

CCHHS CBO: Anthony Rajkumar
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham
John Cookinham, Chief Financial Officer

CCHHS CEO: Ram Raju
Ram Raju, M.D., Chief Executive Officer

APPROVED

MAR 28 2014

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
9

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
March 21, 2014

ATTACHMENT #2

**Purchased Under the Authority of the Chief Executive Officer
December 2013 - February 2014**

Vendor	Contract	Supplies/Services	Purpose	Value
Trinity Biotech, Inc.	H13-73-0112	Supplies; HIV kits	Operating Expense	\$80,000.00
Hill-Rom	H13-25-0116 LP 20020957	Supplies; Mattresses	Operating Expense	\$32,085.00
Innovative Medical Devices, Inc.	H13-73-0105	Supplies; Oxygenators	Operating Expense	\$140,000.00
William M. Janda	H13-25-0080	Services; Dr. Janda	Operating Expense	\$24,900.00
The Washington Group, Ltd.	H13-25-0087	Services; Dahr Jackson	Operating Expense	\$70,000.00
Wolters Kluwer Law & Business	H13-28-0022	Services: subscription	Operating Expense	\$84,000.00
Steven D. Sosler	H13-25-0127	Services; pathology	Operating Expense	\$61,440.00
Joint Commission on Accreditation of Healthcare Organizations	H13-25-0098	Services; Accreditation	Operating Expense	\$138,400.00
Diagnostic Hybrids, Inc.	H13-73-0063	Supplies; pathology	Operating Expense	\$103,552.00
Dutch Ophthalmic USA	H13-25-0051	Supplies; pharmacy	Operating Expense	\$40,000.00
Mary Sajdak	H13-25-0136	Services; Professional	Operating Expense	\$145,000.00
Covidien LP	H14-73-0010	Services; CISS Support	Operating Expense	\$51,716.70
Katena Products, Inc.	H13-25-0115	Supplies; ophthalmology	Operating Expense	\$95,000.00

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
March 21, 2014

ATTACHMENT #3

Cook County Health and Hospitals System

Financial Statements

Year To Date November 30, 2013

As of March 11, 2014

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COOK COUNTY HEALTH & HOSPITALS SYSTEM

MISSION STATEMENT

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors
Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended November 30, 2013 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer _____

Dorothy M. Loving, Executive Director of Finance _____

MANAGEMENT'S DISCUSSION AND ANALYSIS

INTRODUCTION

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended November 30, 2013. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Starting this fiscal year 2013, we have added the Medicaid Expansion. Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS' financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2012 the Cook County Health and Hospitals System and Cook County Board Officials collaborated to cut Medicaid costs, help county taxpayers, and transform Cook County's hospital system by jump-starting national health care reform in Cook County. In November, 2012 the federal government approved the 1115 Medicaid Waiver for Cook County, allowing CCHHS to enroll more than 115,000 individuals who will be eligible for Medicaid in 2014 into a Cook County network with no cost to the state of Illinois.

An Medicaid Expansion allows the Cook County's Health System to early enroll certain uninsured patients into Medicaid. Specifically, these are patients who are not currently eligible for Medicaid, but who will be eligible in 2014 under the Accountable Care Act. Many of these individuals are patients who already are being treated by our system without compensation. The Waiver is funded entirely by the federal government.

FINANCIAL HIGHLIGHTS (IN THOUSANDS)

The Cook County Health and Hospitals System finished the twelve months with overall revenue of \$1,046,557 and overall expenses was \$1,048,249.

Net Patient revenue for the twelve months was \$725,458.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

EHR incentive program revenue was \$8,288.

Other revenue was \$9,102. Other revenue consists primarily of parking revenue.

Patient Accounts Receivable – BEPA System

General

As compared to November 30, 2012, Total Patient Accounts Receivable at the end of November-2013 reduced by 17 to 105 days. Additionally, there was a 2 day increase in this figure, as compared to the previous month's figure.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage, including Medicaid Expansion and MANG applications;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts grew by \$24.955M (8.5%) as compared to the November-2012 balance. As compared to the previous month, this figure increased by \$1.803M (0.6%). The growth in this figure indicates a decreasing number of accounts are completing the collection process, which includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based

upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for Medicaid Expansion patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Inpatient Accounts Receivable – BEPA System

Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of November-2013 decreased by \$0.361M (-4.1%), as compared the November 30, 2012 balance and decreased by \$0.763M (-8.3%), as compared to the previous month's balance. This decrease indicates that more inpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for Medicaid Expansion patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Billed Inpatient Accounts

Billed inpatient accounts at the end of November-2013 increased by \$3.149M (2.0%) as compared to the November 30, 2012 balance. This figure grew by \$3.319M (2.1%) compared to the previous month's total.

The increase in this number indicates fewer accounts had the collection process completed than in the previous month and that a lower number of accounts are being removed from active accounts receivable. CCHHS' collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based up on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for Medicaid Expansion patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Outpatient Accounts Receivable – BEPA System

Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts decreased by \$6.486M (-37.4%) by the end of November-2013, as compared to the level of unbilled accounts as of November 30, 2012. This balance was \$5.501M (-33.75%) less than the previous month's balance. This change indicates that more outpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid's and Medicare's reimbursement configuration.

Billed Outpatient Accounts

The billed outpatient accounts receivable at the end of November-2013 grew by \$21.807M (15.7%), as compared to the balance as of November 30, 2012. This figure is \$1.516M (-0.9%) less than last month's figure.

The decline in this figure indicates that more Out-Patient accounts had their collection and write-off related activities completed, as compared to the prior month.

The reduction of internal bill-holds from 20 days to 6 days will tend to cause a growth in the billed accounts receivable.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare's reimbursement configuration and to charity care and bad debt write-offs.

Carelink Program Activities (Charity Care)

The volume and dollar amounts written-off to charity care are as follows:

	Number of Accounts for November-2013	Value of Accounts for November-2013	Cumulative Number of Accounts Through November-2013	Cumulative Value of Accounts Through November-2013
In-Patient	419	\$ 3.957M	7,317	\$ 83.812M
Out-Patient	26,545	\$ 10.597M	350,420	\$157.244M
Totals	26,964	\$ 14.554M	357,737	\$ 241.056M

The above data does not include bad-debt write-offs; it includes only the amounts written-off directly to charity care.

Operating Expenses at the end of twelve months was \$1,048.249M broken down as follows:

Salaries and Wages - \$508.938M
 Benefits - \$132.251M
 Supplies - \$114.582M
 Purchased Services, Rental, and Other - \$218.399M
 Insurance - \$24.496M
 Depreciation - \$34.101M
 Utilities - \$11.924M
 Services Provided by Other County Offices - \$3,559

Nonoperating Revenue was \$302.282M. The largest portions of this are attributed to cigarette tax in the amount of \$144.338M and property tax in the amount of \$72.201M. Sales tax revenues are recognized by CCHHS when earned; this occurs when the underlying sales transactions occur. The amount recorded as *Due from State of Illinois - Sales Tax* represents the amounts earned by CCHHS, however, the cash is not yet received from the state. There is a 3 months lag from the time of the underlying sales transaction to the receipt of funds.

Taxes collected for the Health to date have been fully credited to the Health Fund except as mentioned in the previous paragraph.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

**Accounts Receivable Comparison
Cook County Health and Hospitals System
Fiscal Year 2013**

	December-2012 BEPA	January-2013 BEPA	February-2013 BEPA	March-2013 BEPA	April-2013 BEPA	May-2013 BEPA	June-2013 BEPA	July-2013 BEPA	August-2013 BEPA	September-2013 BEPA	October-2013 BEPA	November-2013 BEPA
Inpatient												
In-House	\$ 10,694,625	\$ 14,197,840	\$ 17,083,585	\$ 16,412,265	\$ 11,795,113	\$ 9,859,969	\$ 13,475,435	\$ 13,387,878	\$ 11,543,712	\$ 13,747,988	\$ 14,214,164	\$ 13,202,578
Discharged Not Final Billed	\$ 8,483,063	\$ 9,622,149	\$ 11,043,885	\$ 9,058,453	\$ 11,661,563	\$ 11,966,836	\$ 11,486,668	\$ 8,862,674	\$ 11,421,749	\$ 10,836,289	\$ 9,226,849	\$ 8,463,835
Billed	\$ 153,028,241	\$ 154,871,252	\$ 160,358,506	\$ 166,885,757	\$ 176,838,729	\$ 156,324,234	\$ 161,918,349	\$ 171,797,882	\$ 182,618,955	\$ 171,066,594	\$ 156,075,259	\$ 159,393,810
Total Inpatient Accounts Receivable	\$ 172,205,929	\$ 178,691,241	\$ 188,485,977	\$ 192,356,475	\$ 200,295,404	\$ 178,151,039	\$ 186,880,452	\$ 194,048,434	\$ 205,584,416	\$ 195,650,870	\$ 179,516,272	\$ 181,060,222
Outpatient												
Unbilled	\$ 18,351,511	\$ 19,430,164	\$ 17,924,674	\$ 19,189,962	\$ 21,075,425	\$ 15,169,287	\$ 12,046,059	\$ 12,873,691	\$ 13,521,300	\$ 14,654,652	\$ 16,346,483	\$ 10,845,108
Billed	\$ 134,201,903	\$ 123,927,492	\$ 124,359,199	\$ 126,829,842	\$ 126,820,237	\$ 129,446,090	\$ 138,860,934	\$ 143,557,425	\$ 153,527,578	\$ 149,910,416	\$ 161,951,415	\$ 160,435,794
Total Outpatient Accounts Receivable	\$ 152,553,414	\$ 143,357,656	\$ 142,283,873	\$ 146,019,804	\$ 147,895,662	\$ 144,615,377	\$ 150,906,994	\$ 156,431,117	\$ 167,048,878	\$ 164,565,068	\$ 178,297,898	\$ 171,280,902
Combined Inpatient and Outpatient A/R												
Unbilled	\$ 37,529,199	\$ 43,250,154	\$ 46,052,145	\$ 44,660,680	\$ 44,532,101	\$ 36,996,092	\$ 37,008,162	\$ 35,124,243	\$ 36,486,761	\$ 39,238,928	\$ 39,787,496	\$ 32,511,520
Billed	\$ 287,230,144	\$ 278,798,744	\$ 284,717,705	\$ 293,715,600	\$ 303,658,966	\$ 285,770,324	\$ 300,779,283	\$ 315,355,308	\$ 336,146,533	\$ 320,977,010	\$ 318,026,674	\$ 319,829,604
Total IP and OP Accounts Receivable	\$ 324,759,343	\$ 322,048,898	\$ 330,769,849	\$ 338,376,280	\$ 348,191,067	\$ 322,766,416	\$ 337,787,445	\$ 350,479,551	\$ 372,633,294	\$ 360,215,938	\$ 357,814,170	\$ 352,341,124
Average Daily Revenue	\$ 2,797,555	\$ 2,957,056	\$ 3,222,942	\$ 3,416,191	\$ 3,482,248	\$ 3,491,792	\$ 3,471,627	\$ 3,410,158	\$ 3,452,015	\$ 3,427,077	\$ 3,475,535	\$ 3,350,093
Days of Revenue Outstanding	116	109	103	99	100	92	97	103	108	105	103	105

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
November 30, 2013

	Stroger Hospital	ACHN (Clinics)	Medicaid Expansion	Stroger, ACHN & Medicaid Exp	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
ASSETS												
CURRENT ASSETS:												
Cash and cash equivalents:												
Cash in banks	1,411	0		1,412	23	210		1,645				1,645
Cash held by Cook Co Treas	720,000		21,641	741,642	92,150	137,223		971,015	135,214		(1,096,739)	9,490
Due from working cash fund	60,540	34,607		95,147				95,147				95,147
Total cash & cash equivalent	781,951	34,608	21,641	838,200	92,173	137,434		1,067,807	135,214		(1,096,739)	106,282
Property taxes receivable:												
Tax levy - current year	28,050	33,061		61,111	3,662	5,003	2,832	72,607	8,068			80,675
Tax levy - prior year	1,332	1,565		2,897	250	240	137	3,525	384			3,909
Total property taxes rec	29,382	34,626		64,008	3,912	5,243	2,969	76,132	8,452			84,584
Receivables:												
Patient AR-net of allowances	63,476			63,476		1,473		64,949				64,949
Third-party settlements	2,367			2,367				2,367				2,367
Other receivables	895	15	0	910	0	543	9	1,462	0	0		1,462
Due from State	1,769	1,949	53,121	56,838	524	853	169	58,385	717	1,468		60,570
Total receivables	68,508	1,963	53,121	123,592	524	2,869	178	127,163	717	1,468		129,348
Inventories	2,408			2,408	219	339		2,965		575		3,540
TOTAL CURRENT ASSETS	882,249	71,197	74,762	1,028,207	96,829	145,884	3,147	1,274,067	144,383	2,044	(1,096,739)	323,755
CAPITAL ASSETS:												
Depreciable assets - net	353,088	5,688		358,776	23,220	23,819	15,553	421,369	490	648		422,507
TOTAL ASSETS	1,235,337	76,884	74,762	1,386,984	120,049	169,704	18,700	1,695,436	144,873	2,692	(1,096,739)	746,261

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
November 30, 2013

	Stroger Hospital	ACHN (Clinics)	Medicaid Expansion	Stroger, ACHN & Medicaid Exp	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
LIABILITIES & NET POSITION												
CURRENT LIABILITIES:												
Due to Cook County Treasurer		80,255		80,255			921,274	1,001,530		95,210	(1,096,739)	
Accounts payable	13,646	439	29,685	43,770	642	942	15,335	60,690	348	74		61,111
Compensated absences	4,187	488	64	4,740	56	469	584	5,848	160	404		6,412
Deferred revenue	73,949			73,949		2,612		76,562				76,562
Third-party settlements						181		181				181
Due to other co govt funds	21			21	10	5		36	7			43
Due to others	327			327	19			346				346
Interacct (payable)receivabl	145,303	57,518	(30,051)	172,770	950	41,291	(223,316)	(8,306)	2	8,305		
TOTAL CURRENT LIABILITIES	237,435	138,701	(302)	375,833	1,676	45,501	713,876	1,136,887	517	103,992	(1,096,739)	144,656
LONG-TERM LIABILITIES:												
Compensated absences longterm	23,727	2,767	365	26,859	316	2,658	3,308	33,141	906	2,287		36,334
Reserve-tax objection suits	3,979	4,690		8,669	741	709	401	10,520	1,144			11,665
TOTAL LIABILITIES	265,141	146,158	63	411,361	2,733	48,868	717,586	1,180,548	2,567	106,280	(1,096,739)	192,655
NET POSITION:												
Investment in capital assets	353,088	5,688		358,776	23,220	23,819	15,553	421,369	490	648		422,507
Beginning balance	663,868	(246,778)	(389)	416,701	90,594	103,310	(587,952)	22,653	126,907	(54,429)		95,131
Bond depreciation	22,285	791		23,076	2,341	1,883	6,343	33,643	217	241		34,101
Excess revenue (expenses)	(71,671)	171,026	75,089	174,444	679	(8,628)	(132,831)	33,664	14,692	(50,048)		(1,692)
Transfers	2,626			2,626	482	451		3,559				3,559
Ending balance	970,196	(69,274)	74,700	975,622	117,316	120,835	(698,886)	514,888	142,306	(103,588)		553,606
TOTAL LIABILITIES & NET POSITION	1,235,337	76,884	74,762	1,386,984	120,049	169,704	18,700	1,695,436	144,873	2,692	(1,096,739)	746,261

Cook County Health Facilities
Combining Income Statement of General Funds (Unaudited)
(In Thousands)
November 30, 2013

	Stroger Hospital	ACHN (Clinics)	Medicaid Expansion	Stroger, ACHN & Medicaid Exp	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Grand Total
REVENUE:											
Net patient service revenue	365,315	150,940	184,603	700,857	(15)	24,616		725,458			725,458
Grant revenue									4,158		4,158
EHR incentive program revenue	6,664			6,664		1,624		8,288			8,288
Other revenue	4,432	633		5,065	351	380	34	5,831	534	6	6,371
Total Revenue:	376,410	151,573	184,603	712,586	336	26,621	34	739,577	4,693	6	744,276
OPERATING EXPENSES:											
Salaries and wages	322,459	41,897	4,837	369,193	7,000	32,616	48,122	456,931	10,698	41,309	508,938
Employee benefits	82,675	10,955	1,536	95,166	1,670	8,393	12,136	117,366	3,943	10,941	132,251
Supplies	62,519	16,298	18,255	97,072	631	3,614	10,163	111,479	389	2,714	114,582
Purchased svcs, rental & other	50,406	7,073	85,476	142,955	1,202	6,484	65,257	215,897	961	1,541	218,399
Insurance expense	15,559	2,007	230	17,796	316	1,528	2,365	22,005	343	2,147	24,496
Depreciation	22,285	791		23,076	2,341	1,883	6,343	33,643	217	241	34,101
Utilities	7,228	208	6	7,442	1,576	1,314	1,482	11,814	43	67	11,924
Services provided by other county offices	2,626			2,626	482	451		3,559			3,559
TOTAL OPERATING EXPENSES	565,756	79,229	110,341	755,326	15,218	56,283	145,869	972,695	16,593	58,961	1,048,249
GAIN (LOSS) FROM OPERATIONS	(189,346)	72,344	74,262	(42,740)	(14,881)	(29,662)	(145,834)	(233,118)	(11,901)	(58,955)	(303,973)
NONOPERATING REVENUE:											
Property taxes	24,582	29,991		54,573	3,184	4,549	2,566	64,873	7,327		72,201
Sales taxes	5,449	6,002		11,451	1,614	2,629	522	16,216	2,207	4,521	22,944
Cigarette taxes	50,207	55,673		105,880	9,671	9,735	4,810	130,096	14,242		144,338
Other Tobacco Product taxes	1,984	2,181		4,165	384	389	189	5,127	562		5,689
Fire Arms taxes	245			245				245			245
Interest income	24	0		25	0	0	0	25	0	0	25
Retirement plan contribution	35,184	4,834	827	40,845	707	3,732	4,917	50,201	2,255	4,385	56,841
TOTAL NONOPERATING REVENUE	117,675	98,682	827	217,184	15,561	21,034	13,003	266,782	26,593	8,907	302,282
NET INCOME (LOSS)	(71,671)	171,026	75,089	174,444	679	(8,628)	(132,831)	33,664	14,692	(50,048)	(1,692)

Cook County Health Facilities
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2013

	<u>October 31, 2013</u>	<u>Inc (Dec)</u>	<u>November 30, 2013</u>
REVENUE:			
Net patient service revenue	529,875	195,583	725,458
Grant revenue	3,892	266	4,158
EHR incentive program revenue	7,075	1,213	8,288
Other revenue	5,717	654	6,371
Total Revenue	<u>546,560</u>	<u>197,716</u>	<u>744,276</u>
OPERATING EXPENSES:			
Salaries and wages	466,461	42,477	508,938
Employee benefits	126,587	5,664	132,251
Supplies	103,608	10,974	114,582
Purchased svcs, rental & other	180,040	38,359	218,399
Insurance expense	10,761	13,735	24,496
Depreciation	31,122	2,979	34,101
Utilities	8,734	3,190	11,924
Services provided by other county offices		3,559	3,559
TOTAL OPERATING EXPENSES	<u>927,312</u>	<u>120,937</u>	<u>1,048,249</u>
GAIN (LOSS) FROM OPERATIONS	<u>(380,752)</u>	<u>76,779</u>	<u>(303,973)</u>
NONOPERATING REVENUE:			
Property taxes	72,571	(370)	72,201
Sales taxes	30,159	(7,215)	22,944
Cigarette taxes	119,244	25,093	144,338
Other tobacco product taxes	4,849	840	5,689
Fire Arms taxes	173	72	245
Interest income	20	5	25
Retirement plan contribution	54,371	2,470	56,841
TOTAL NONOPERATING REVENUE	<u>281,387</u>	<u>20,895</u>	<u>302,282</u>
NET INCOME (LOSS)	<u>(99,366)</u>	<u>97,674</u>	<u>(1,692)</u>

Notes: The decrease in Property Tax is due to the write-off of prior year receivable.

The decrease in Sales is due to the reversal of prior year accrual which was at a higher rate.

Insurance expense are based on amount from Cook County Self Insurance Fund pending actualial report.

Stroger Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2013

	<u>October 31, 2013</u>	<u>Inc (Dec)</u>	<u>November 30, 2013</u>
REVENUE:			
Net patient service revenue	291,694	73,621	365,315
EHR incentive program revenue	5,977	687	6,664
Other revenue	4,181	251	4,432
Total Revenue	<u>301,851</u>	<u>74,559</u>	<u>376,410</u>
OPERATING EXPENSES:			
Salaries and wages	295,768	26,691	322,459
Employee benefits	77,811	4,864	82,675
Supplies	27,783	34,736	62,519
Purchased svcs, rental & other	51,851	(1,445)	50,406
Insurance expense	6,127	9,432	15,559
Depreciation	21,053	1,232	22,285
Utilities	5,248	1,980	7,228
Services provided by other county offices		2,626	2,626
TOTAL OPERATING EXPENSES	<u>485,640</u>	<u>80,116</u>	<u>565,756</u>
GAIN (LOSS) FROM OPERATIONS	<u>(183,789)</u>	<u>(5,557)</u>	<u>(189,346)</u>
NONOPERATING REVENUE:			
Property taxes	25,257	(675)	24,582
Sales taxes	7,162	(1,713)	5,449
Cigarette taxes	41,650	8,557	50,207
Other tobacco product taxes	1,698	287	1,984
Fire Arms taxes	173	72	245
Interest income	19	5	24
Retirement plan contribution	33,665	1,519	35,184
TOTAL NONOPERATING REVENUE	<u>109,624</u>	<u>8,051</u>	<u>117,675</u>
NET INCOME (LOSS)	<u>(74,164)</u>	<u>2,494</u>	<u>(71,671)</u>

Note: The decrease in purchase services is the result of reversing prior year's accrual.

ACHN (Clinics)
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2013

	<u>October 31, 2013</u>	<u>Inc (Dec)</u>	<u>November 30, 2013</u>
REVENUE:			
Net patient service revenue	139,095	11,845	150,940
Other revenue	590	43	633
Total Revenue	<u>139,685</u>	<u>11,888</u>	<u>151,573</u>
OPERATING EXPENSES:			
Salaries and wages	39,140	2,757	41,897
Employee benefits	11,455	(500)	10,955
Supplies	14,610	1,688	16,298
Purchased svcs, rental & other	5,169	1,904	7,073
Insurance expense	1,570	438	2,007
Depreciation	779	11	791
Utilities	111	97	208
TOTAL OPERATING EXPENSES	<u>72,834</u>	<u>6,396</u>	<u>79,229</u>
GAIN (LOSS) FROM OPERATIONS	<u>66,852</u>	<u>5,492</u>	<u>72,344</u>
NONOPERATING REVENUE:			
Property taxes	29,726	265	29,991
Sales taxes	7,890	(1,887)	6,002
Cigarette taxes	45,584	10,089	55,673
Other tobacco product taxes	1,843	338	2,181
Interest income	0	0	0
Retirement plan contribution	5,389	(554)	4,834
TOTAL NONOPERATING REVENUE	<u>90,432</u>	<u>8,250</u>	<u>98,682</u>
NET INCOME (LOSS)	<u>157,284</u>	<u>13,742</u>	<u>171,026</u>

Note: The decrease in employee benefits and retirement plan contribution are the results of correction of prior months' estimates.

Medicaid Expansion
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2013

	<u>October 31, 2013</u>	<u>Inc (Dec)</u>	<u>November 30, 2013</u>
REVENUE:			
Net patient service revenue	78,976	105,627	184,603
Total Revenue	<u>78,976</u>	<u>105,627</u>	<u>184,603</u>
OPERATING EXPENSES:			
Salaries and wages	3,711	1,126	4,837
Employee benefits	692	845	1,536
Supplies	11,680	6,576	18,255
Purchased svcs, rental & other	44,635	40,841	85,476
Insurance expense		230	230
Utilities		6	6
TOTAL OPERATING EXPENSES	<u>60,717</u>	<u>49,623</u>	<u>110,341</u>
GAIN (LOSS) FROM OPERATIONS	<u>18,258</u>	<u>56,003</u>	<u>74,262</u>
NONOPERATING REVENUE:			
Retirement plan contribution	302	525	827
TOTAL NONOPERATING REVENUE	<u>302</u>	<u>525</u>	<u>827</u>
NET INCOME (LOSS)	<u>18,560</u>	<u>56,529</u>	<u>75,089</u>

Oak Forest Health Center
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2013

	October 31, 2013	Inc (Dec)	November 30, 2013
REVENUE:			
Net patient service revenue	4	(19)	(15)
Other revenue	328	23	351
Total Revenue	332	5	336
OPERATING EXPENSES:			
Salaries and wages	6,594	406	7,000
Employee benefits	3,825	(2,154)	1,670
Supplies	808	(177)	631
Purchased svcs, rental & other	1,677	(475)	1,202
Insurance expense	468	(152)	316
Depreciation	2,341		2,341
Utilities	971	605	1,576
other county offices		482	482
TOTAL OPERATING EXPENSES	16,684	(1,466)	15,218
GAIN (LOSS) FROM OPERATIONS	(16,352)	1,471	(14,881)
NONOPERATING REVENUE:			
Property taxes	3,272	(88)	3,184
Sales taxes	2,122	(508)	1,614
Cigarette taxes	8,077	1,594	9,671
Other tobacco product taxes	331	53	384
Interest income	0	0	0
Retirement plan contribution	822	(115)	707
TOTAL NONOPERATING REVENUE	14,624	937	15,561
NET INCOME (LOSS)	(1,729)	2,408	679

Notes:

Patient revenue for Oak Forest are recorded in Stroger Hospital and/or Ambulatory Clinics.
The decrease in employee benefits, insurance expense and retirement plan contribution are the results of correction of prior months' estimates.
The decreases in supplies and purchases services is the result of reversing prior year's accrual.

Provident Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2013

	<u>October 31, 2013</u>	<u>Inc (Dec)</u>	<u>November 30, 2013</u>
REVENUE:			
Net patient service revenue	20,107	4,509	24,616
EHR incentive program revenue	1,098	526	1,624
Other revenue	288	92	380
Total Revenue	<u>21,493</u>	<u>5,128</u>	<u>26,621</u>
OPERATING EXPENSES:			
Salaries and wages	30,074	2,542	32,616
Employee benefits	8,836	(443)	8,393
Supplies	3,403	211	3,614
Purchased svcs, rental & other	7,922	(1,439)	6,484
Insurance expense	733	795	1,528
Depreciation	1,778	105	1,883
Utilities	965	349	1,314
Services provided by other county offices		451	451
TOTAL OPERATING EXPENSES	<u>53,712</u>	<u>2,571</u>	<u>56,283</u>
GAIN (LOSS) FROM OPERATIONS	<u>(32,219)</u>	<u>2,557</u>	<u>(29,662)</u>
NONOPERATING REVENUE:			
Property taxes	4,509	40	4,549
Sales taxes	3,455	(827)	2,629
Cigarette taxes	8,208	1,527	9,735
Other tobacco product taxes	338	51	389
Interest income	0	0	0
Retirement plan contribution	3,827	(95)	3,732
TOTAL NONOPERATING REVENUE	<u>20,337</u>	<u>697</u>	<u>21,034</u>
NET INCOME (LOSS)	<u>(11,882)</u>	<u>3,254</u>	<u>(8,628)</u>

Notes: The decrease in employee benefits is the result of correction of prior months' estimates.

The decrease in purchase services is the result of reversing prior year's accrual.

The decrease in retirement plan contributions is the result of correction of prior months' estimates.

Bureau of Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2013

	<u>October 31, 2013</u>	<u>Inc (Dec)</u>	<u>November 30, 2013</u>
REVENUE:			
Other revenue	34		34
Total Revenue	34		34
OPERATING EXPENSES:			
Salaries and wages	43,764	4,358	48,122
Employee benefits	11,371	766	12,136
Supplies	43,098	(32,935)	10,163
Purchased svs, rental & other	66,477	(1,220)	65,257
Insurance expense	838	1,526	2,365
Depreciation	4,778	1,565	6,343
Utilities	1,416	67	1,482
TOTAL OPERATING EXPENSES	171,742	(25,874)	145,869
GAIN (LOSS) FROM OPERATIONS	(171,708)	25,874	(145,834)
NONOPERATING REVENUE:			
Property taxes	2,546	20	2,566
Sales taxes	686	(164)	522
Cigarette taxes	3,946	864	4,810
Other tobacco product taxes	160	29	189
Interest income	0		0
Retirement plan contribution	4,736	181	4,917
TOTAL NONOPERATING REVENUE	12,074	930	13,003
NET INCOME (LOSS)	(159,634)	26,803	(132,831)

Notes: The decrease in supplies is the result of inventory transfers to Stroger..

The decrease in purchase services is the result of reversing prior year's accrual.

Dept of Public Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2013

	<u>October 31, 2013</u>	<u>Inc (Dec)</u>	<u>November 30, 2013</u>
REVENUE:			
Grant revenue	3,892	266	4,158
Other revenue	291	244	534
Total Revenue	<u>4,183</u>	<u>510</u>	<u>4,693</u>
OPERATING EXPENSES:			
Salaries and wages	9,654	1,044	10,698
Employee benefits	3,356	587	3,943
Supplies	155	234	389
Purchased svcs, rental & other	975	(14)	961
Insurance expense	244	100	343
Depreciation	199	18	217
Utilities	20	23	43
TOTAL OPERATING EXPENSES	<u>14,603</u>	<u>1,991</u>	<u>16,593</u>
GAIN (LOSS) FROM OPERATIONS	<u>(10,420)</u>	<u>(1,481)</u>	<u>(11,901)</u>
NONOPERATING REVENUE:			
Property taxes	7,260	68	7,327
Sales taxes	2,902	(694)	2,207
Cigarette taxes	11,780	2,462	14,242
Other tobacco product taxes	479	82	562
Interest income	0	0	0
Retirement plan contribution	1,511	744	2,255
TOTAL NONOPERATING REVENUE	<u>23,931</u>	<u>2,662</u>	<u>26,593</u>
NET INCOME (LOSS)	<u>13,511</u>	<u>1,181</u>	<u>14,692</u>

Cermak
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2013

	<u>October 31, 2013</u>	<u>Inc (Dec)</u>	<u>November 30, 2013</u>
REVENUE:			
Other revenue	5	0	6
Total Revenue	<u>5</u>	<u>0</u>	<u>6</u>
OPERATING EXPENSES:			
Salaries and wages	37,755	3,554	41,309
Employee benefits	9,241	1,699	10,941
Supplies	2,072	642	2,714
Purchased svs, rental & other	1,334	207	1,541
Insurance expense	781	1,366	2,147
Depreciation	194	47	241
Utilities	3	64	67
TOTAL OPERATING EXPENSES	<u>51,380</u>	<u>7,581</u>	<u>58,961</u>
GAIN (LOSS) FROM OPERATIONS	<u>(51,374)</u>	<u>(7,580)</u>	<u>(58,955)</u>
NONOPERATING REVENUE:			
Property taxes			
Sales taxes	5,943	(1,422)	4,521
Interest income	0	0	0
Retirement plan contribution	4,120	265	4,385
TOTAL NONOPERATING REVENUE	<u>10,063</u>	<u>(1,157)</u>	<u>8,907</u>
NET INCOME (LOSS)	<u>(41,311)</u>	<u>(8,737)</u>	<u>(50,048)</u>

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
FINANCIAL STATEMENT DISCLOSURE CHECKLIST

Fiscal Year 2013

OBJECTIVE:

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

DISCLOSURE PRINCIPLES:

Note: Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

	<u>Yes, N/A, No?</u>	<u>If no, state reason (immaterial, estimated, etc.)</u>
FINANCIAL STATEMENT REFERENCES:		
1. Do the financial statements reference footnotes (MD&A) or selected information?	Yes	
GENERAL DISCLOSURES:		
<u>A. Estimates:</u>		
1. General disclosure about use of estimates (MD&A)?	Yes	
2. Disclosure of possible changes in estimates?	Yes	
<u>B. Vulnerabilities do to concentrations in following areas disclosed?:</u>		
1. Customers?	Yes	
2. Suppliers?	Yes	
3. Lenders?	Yes	
4. Products?	Yes	
5. Supply of materials, labor or supplies?	Yes	
6. Location of assets in geographic area?	Yes	
<u>C. Related parties (FASB 57):</u>		
1. Known common control and economic dependency disclosure?	Yes	
2. Known transactions with related parties disclosed?	Yes	
<u>OTHER DISCLOSURE AREAS TO BE CONSIDERED:</u>		
1. Method of consolidations?	Yes	
2. Accounting changes including changes in GAAP and in estimates?	Yes	
3. Business combinations?	Yes	
4. Discontinues operations?	Yes	
5. Going concern?	Yes	

COMMENTS:

Completed by _____
Reviewed by _____

Date _____
Date _____

Cook County Health and Hospitals System

Financial Operations and Statistical Reports
(Non GAAP)

For the Month Ended November 30, 2013

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Final Cash Report

For the Month November-2013				Cumulative Cash Summary Through November-2013			
	Actual	Budget	Variance		Actual	Budget	Variance
SHCC				SHCC			
Medicare	\$ 3,149,439	\$ 4,106,515	\$ (957,076)	Medicare	\$ 56,748,273	\$ 49,962,597	\$ 6,785,676
Medicaid	8,171,196	9,861,388	(1,690,192)	Medicaid	115,772,944	128,197,948	(12,425,004)
Other	1,208,303	1,606,257	(397,954)	Other	24,180,674	19,542,852	4,637,822
Physician Billing	636,797	925,663	(288,866)	Physician Billing	8,530,192	11,451,520	(2,921,328)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	3,045,362	-	3,045,362
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	(10,301)	-	(10,301)	Collection Agency	(422,059)	-	(422,059)
Revenue Enhancement	-	-	-	Revenue Enhancement	(2,241,186)	-	(2,241,186)
Physician Billing Refunds	(19,555)	-	(19,555)	Physician Billing Refunds	(46,621)	-	(46,621)
Meaningful Use	-	625,620	(625,620)	Meaningful Use	6,882,838	7,611,677	(728,839)
CountyCare / 1115				CountyCare / 1115			
Waiver - Capitation	20,821,962	35,267,108	(14,445,146)	Waiver - Capitation	93,677,284	184,359,146	(90,681,862)
CountyCare / 1115				CountyCare / 1115			
Waiver -				Waiver -			
Administrative Fees	209,367	-	209,367	Administrative Fees	1,736,977	-	1,736,977
Physician Contract				Physician Contract			
Payments & Revenues	80,401	78,613	1,788	Payments & Revenues	631,981	956,422	(324,441)
Totals	\$ 34,247,609	\$ 52,471,164	\$ (18,223,555)	Totals	\$ 308,496,659	\$ 402,082,162	\$ (93,585,503)

	Actual	Budget	Variance		Actual	Budget	Variance
PHCC				PHCC			
Medicare	\$ 212,237	\$ 212,618	\$ (381)	Medicare	\$ 1,120,414	\$ 2,586,880	\$ (1,466,466)
Medicaid	511,805	416,048	95,757	Medicaid	7,754,419	5,408,613	2,345,806
Other	54,434	100,492	(46,058)	Other	1,189,947	1,222,717	(32,770)
Physician Billing	59,071	42,122	16,949	Physician Billing	756,961	521,062	235,899
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	1,032,208	-	1,032,208
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	-	-	-	Pharmacy Billing	(35,052)	-	(35,052)
Collection Agency	(1,614)	-	(1,614)	Collection Agency	(21,418)	-	(21,418)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	89,579	(89,579)	Meaningful Use	1,799,956	1,089,896	710,060
CountyCare / 1115				CountyCare / 1115			
Waiver - Capitation	1,423,724	2,411,427	(987,703)	Waiver - Capitation	6,405,286	12,605,754	(6,200,468)
CountyCare / 1115				CountyCare / 1115			
Waiver -				Waiver -			
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract				Physician Contract			
Payments & Revenues	-	-	-	Payments & Revenues	-	-	-
Totals	\$ 2,259,657	\$ 3,272,286	\$ (1,012,629)	Totals	\$ 20,002,721	\$ 23,434,922	\$ (3,432,201)

	Actual	Budget	Variance		Actual	Budget	Variance
OFHC				OFHC			
Medicare	\$ 9,772	\$ 25,252	\$ (15,480)	Medicare	\$ 87,021	\$ 307,216	\$ (220,195)
Medicaid	251,483	125,536	125,947	Medicaid	3,340,131	1,631,909	1,708,222
Other	24,632	38,533	(13,901)	Other	438,378	468,815	(30,437)
Physician Billing	33,792	11,758	22,034	Physician Billing	380,988	145,418	235,570
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	925,566	-	925,566
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	-	-	-	Collection Agency	(5,875)	-	(5,875)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	-	-	Meaningful Use	-	-	-
CountyCare / 1115				CountyCare / 1115			
Waiver - Capitation	-	-	-	Waiver - Capitation	-	-	-
CountyCare / 1115				CountyCare / 1115			
Waiver -				Waiver -			
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract				Physician Contract			
Payments & Revenues	-	-	-	Payments & Revenues	-	-	-
Totals	\$ 319,679	\$ 201,079	\$ 118,600	Totals	\$ 5,166,209	\$ 2,553,358	\$ 2,612,851

	Actual	Budget	Variance		Actual	Budget	Variance
SYSTEM				SYSTEM			
Medicare	\$ 3,371,448	\$ 4,344,385	\$ (972,937)	Medicare	\$ 57,955,708	\$ 52,856,693	\$ 5,099,015
Medicaid	8,934,484	10,402,972	(1,468,488)	Medicaid	126,867,494	135,238,470	(8,370,976)
Other	1,287,369	1,745,282	(457,913)	Other	25,808,999	21,234,384	4,574,615
Physician Billing	729,660	979,543	(249,883)	Physician Billing	9,668,141	12,118,000	(2,449,859)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	5,003,136	-	5,003,136
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	-	-	-	Pharmacy Billing	(35,052)	-	(35,052)
Collection Agency	(11,915)	-	(11,915)	Collection Agency	(449,352)	-	(449,352)
Revenue Enhancement	-	-	-	Revenue Enhancement	(2,241,186)	-	(2,241,186)
Physician Billing Refunds	(19,555)	-	(19,555)	Physician Billing Refunds	(46,621)	-	(46,621)
Physician Contract				Physician Contract			
Payments & Revenues	80,401	78,613	1,788	Payments & Revenues	631,981	956,422	(324,441)
Meaningful Use	-	715,199	(715,199)	Meaningful Use	6,682,794	8,701,573	(18,779)
CountyCare / 1115				CountyCare / 1115			
Waiver - Capitation	22,245,686	37,678,535	(15,432,849)	Waiver - Capitation	100,082,570	196,964,900	(96,882,330)
CountyCare / 1115				CountyCare / 1115			
Waiver -				Waiver -			
Administrative Fees	209,367	-	209,367	Administrative Fees	1,736,977	-	1,736,977
DSH	13,528,186	12,559,601	968,585	DSH	160,416,478	150,800,000	9,616,478
Retro-Active DSH	-	-	-	Retro-Active DSH	10,374,628	-	10,374,628
BIPA	67,550,000	37,499,000	30,051,000	BIPA	161,450,000	131,250,000	30,200,000
Medicaid Malpractice Retro	-	-	-	Medicaid Malpractice Retro	-	-	-
Totals	\$ 117,905,131	\$ 106,003,130	\$ 11,902,001	Totals	\$ 665,906,695	\$ 710,120,442	(44,213,747)

Included in the BIPA revenue for the month is a \$ 30,051,000 advance for the 1115 Waiver program. This advance is included on the report as BIPA revenue since the payment was made as a BIPA payment and not as an 1115 Waiver program payment.

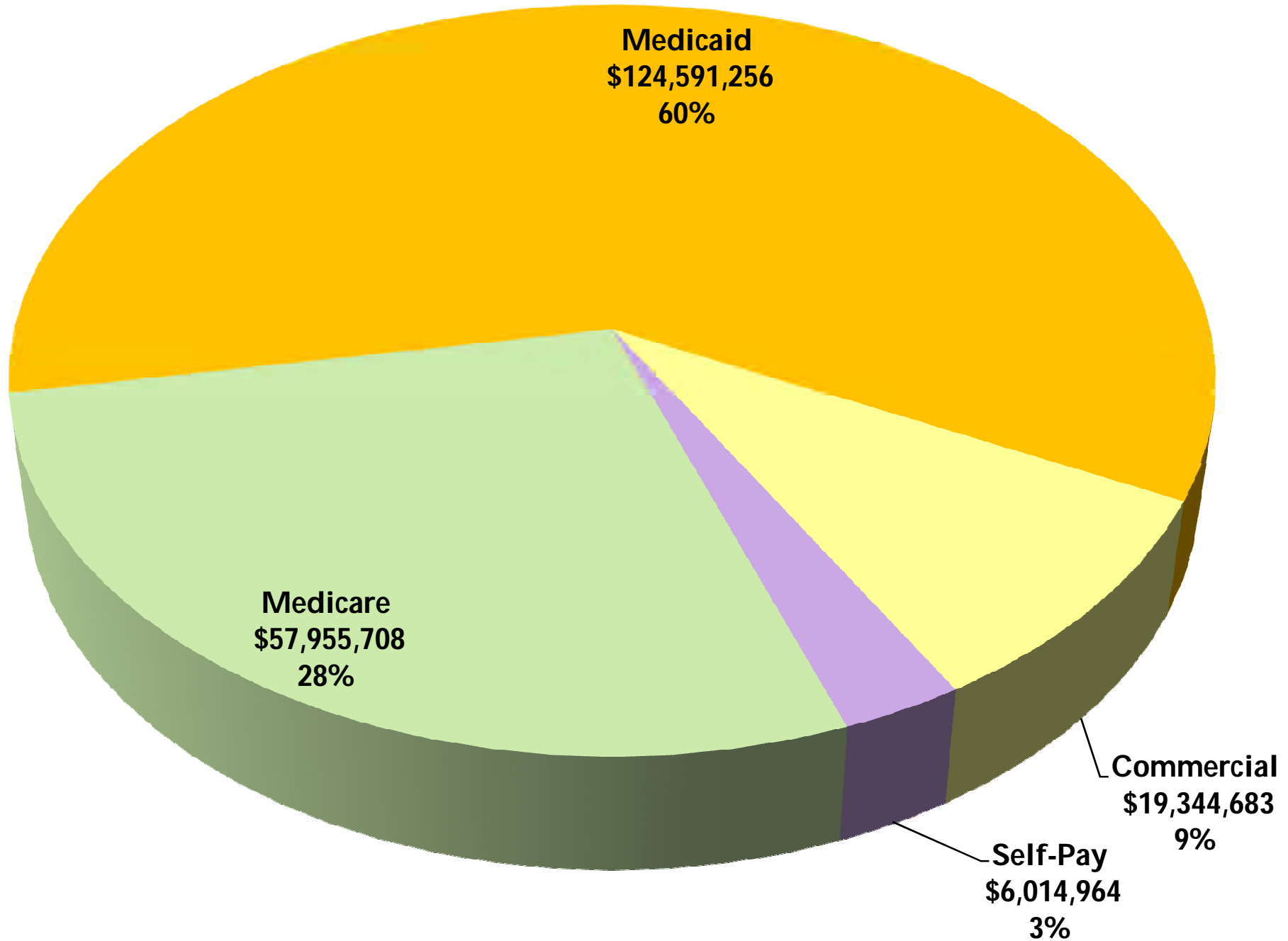
Included in SHCC's cumulative Medicare revenue for FY 2013 are cost report settlements totaling \$4,889,764.

PHCC has returned \$980,957 in Medicare cost reports settlements this fiscal year. PHCC has received \$240,117 in Medicare cost reports settlements this fiscal year.

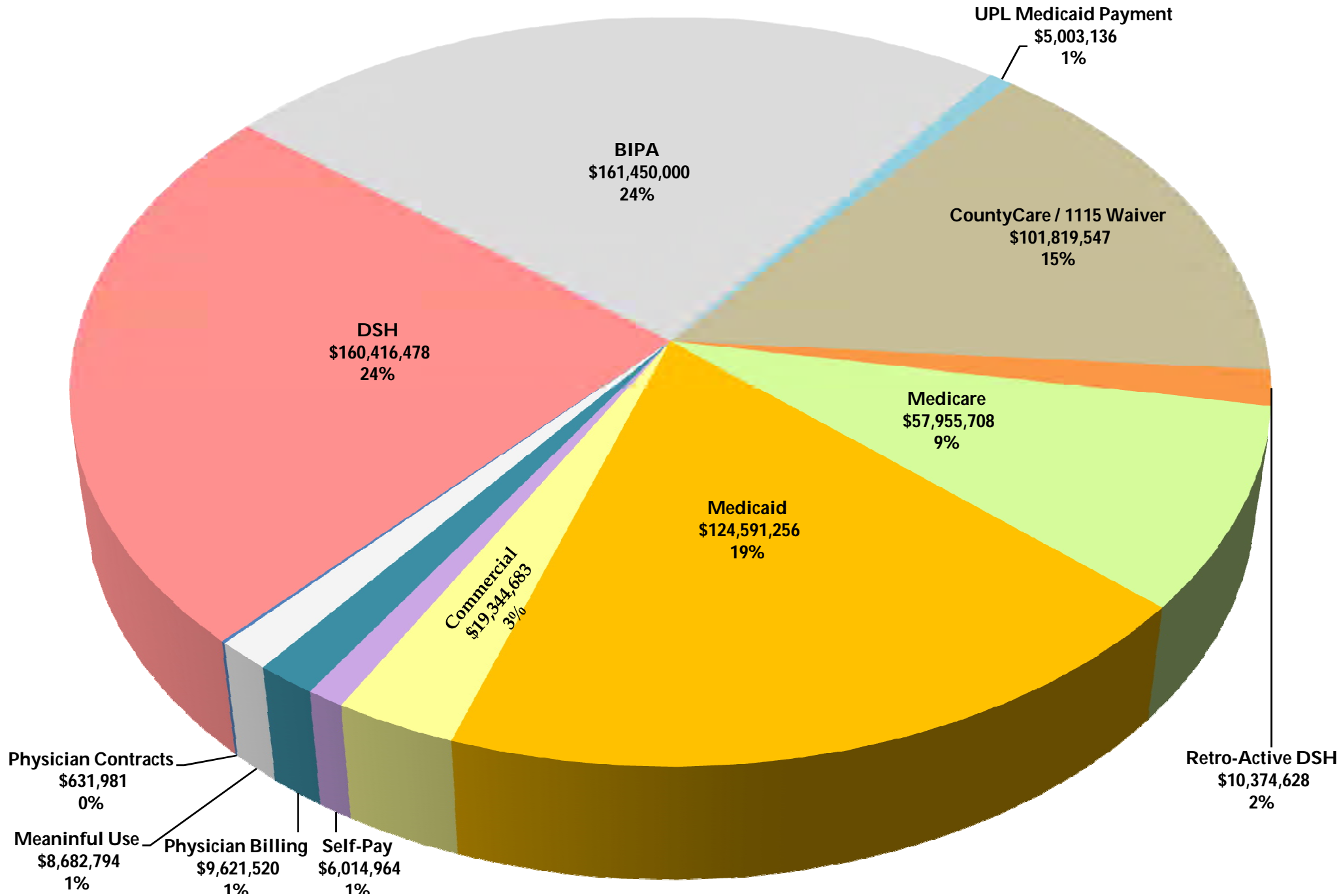
OFHC has returned \$61,169 in Medicare cost reports settlements this fiscal year.

Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing payments include refunds processed by CCHHS. Included in the "Revenue Enhancement" totals are payments to the state for supplemental workers hired to help clear the Medicaid backlog.

CCHHS Cumulative Net Patient Fee Cash Receipts Through November-2013



CCHHS Cumulative Total Net Cash Receipts Through November-2013

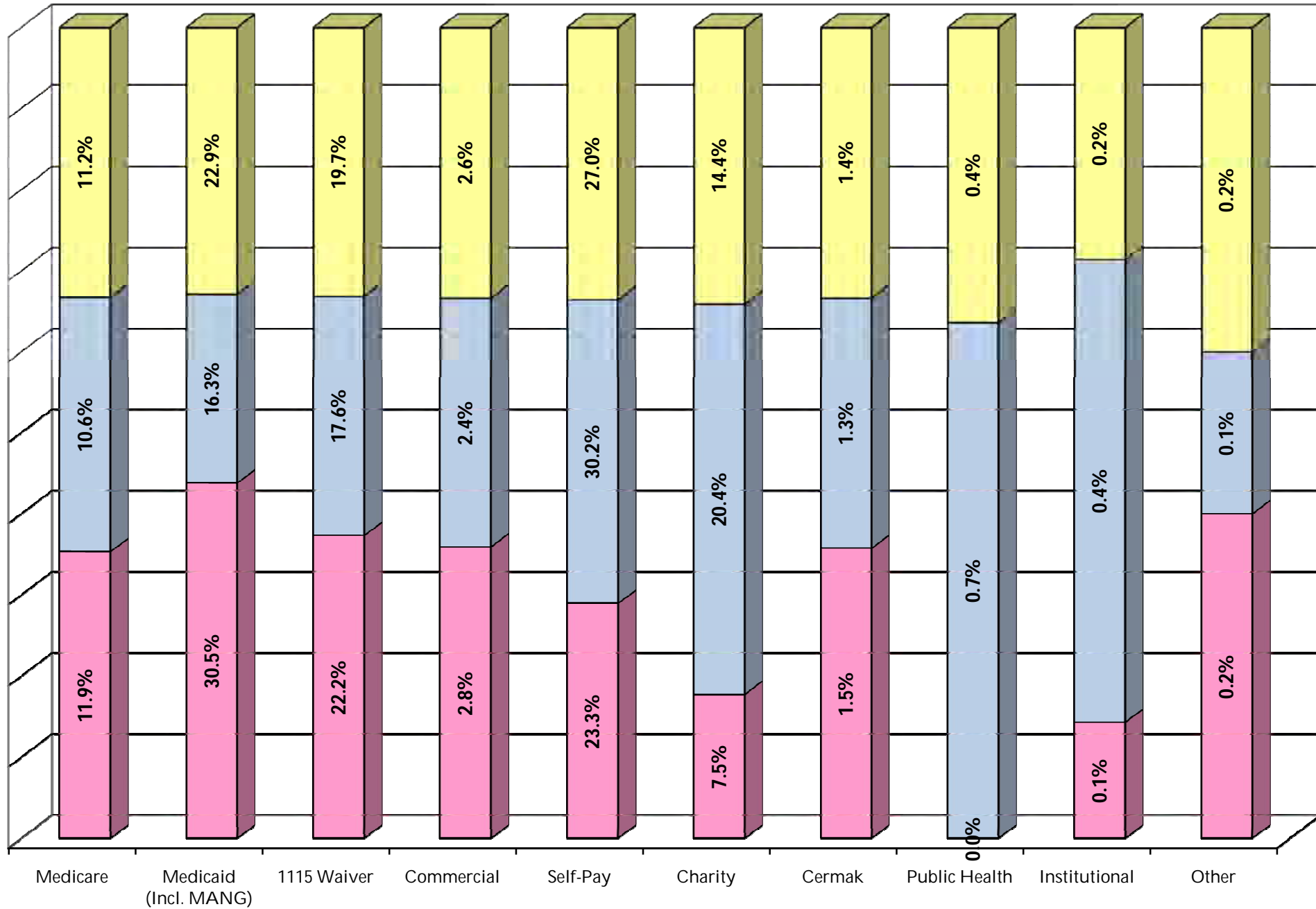


- The receipts on this graph are net of any payments out of revenue.

**Cook County Health Facilities
System Expenses per Adjusted Patient Days
Budget and Actual (Non-GAAP Budget Basis)
As of November 30, 2013**

<u>Institution</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Stroger	\$ 4,616	\$ 4,113	-12.22%
Provident	\$ 3,882	\$ 3,840	-1.10%

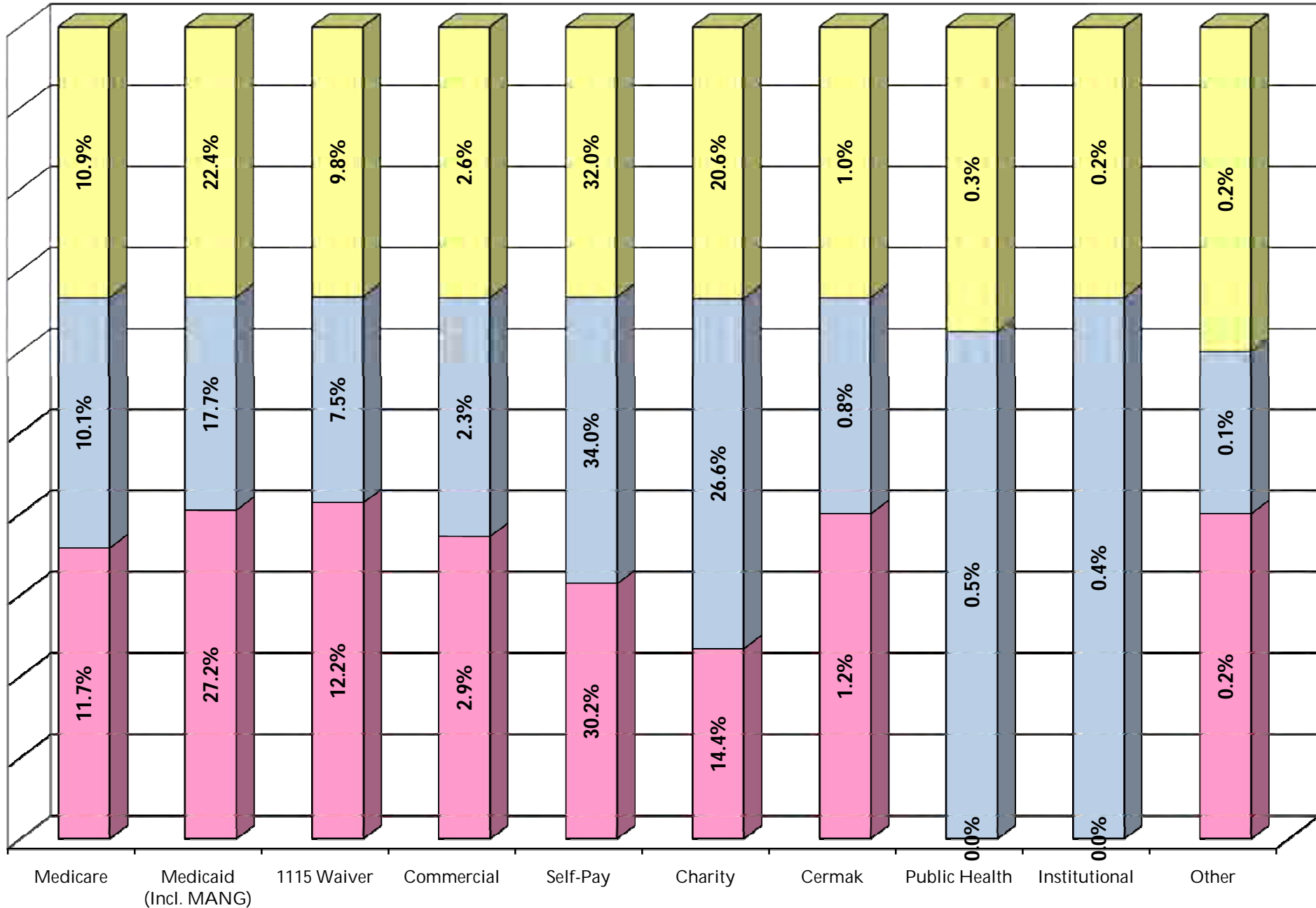
CCHHS IP, OP, And Combined Payer Mix For Nov-2013 (Based Upon Charges)
Assumes 30% Of Accounts Accepted By Vendor Successfully Converted To Medicaid



- The data in this graph is based upon charges.
 - Other includes Grants, Risk Management, and Workman's Compensation

■ In-Patient ■ Out-Patient ■ Combined

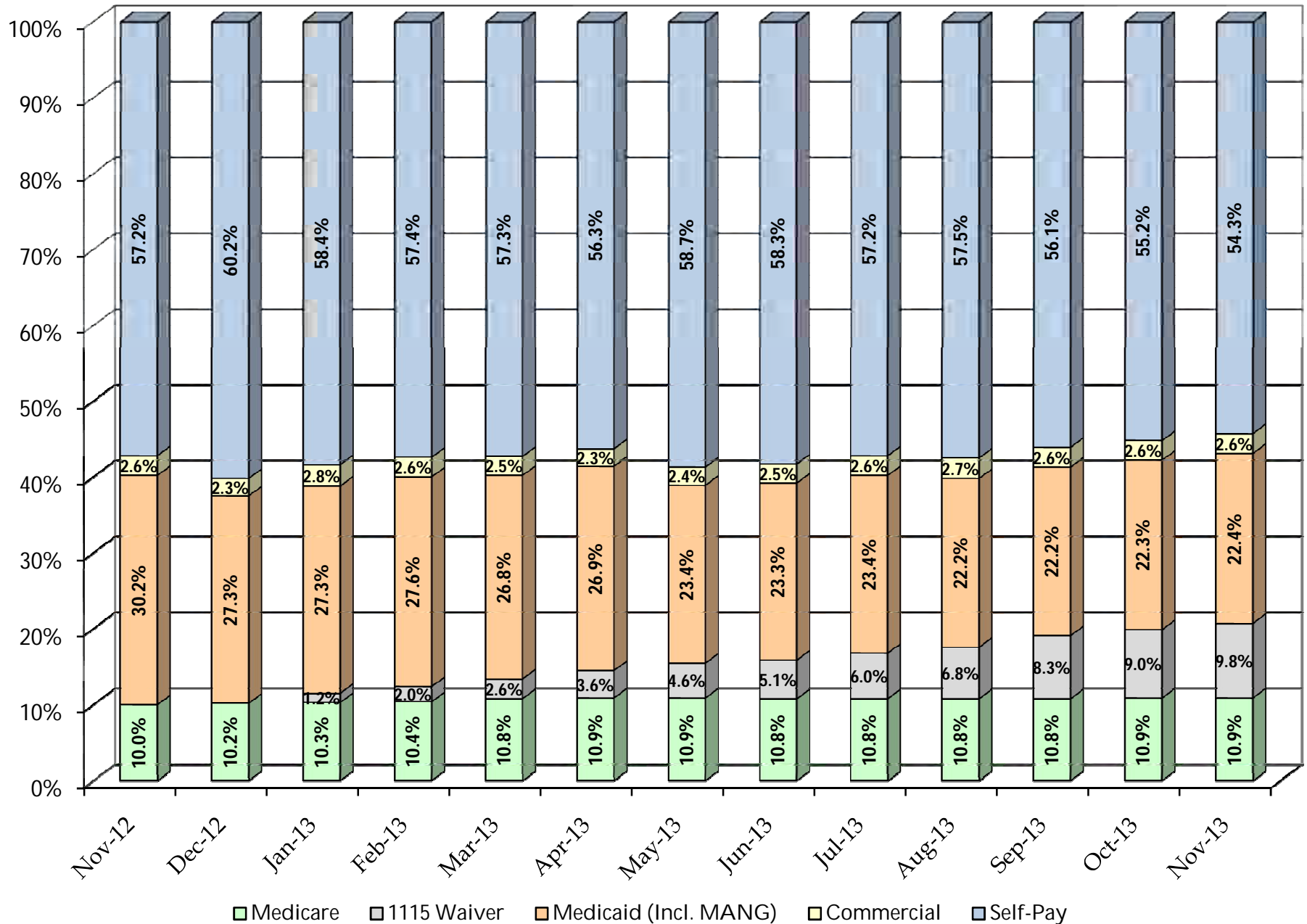
**Cumulative CCHHS IP, OP, And Combined Payer Mix Through Nov-2013 (Based Upon Charges)
Assumes 30% Of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid**



- The data in this graph is based upon charges.
- Other includes Grants, Risk Management, and Workman's Compensation

Legend: ■ In-Patient ■ Out-Patient ■ Combined

IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges)
Cook County Health And Hospitals System
Prior 13 Months Ending Nov-2013
Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid



CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
November-2013

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	199	222	(23)	17	24	(7)	216	246	(30)
Medicaid	304	535	(231)	15	7	8	319	542	(223)
Medicaid-Pending	101	-	101	5	-	5	106	-	106
1115 Waiver	176	-	176	16	-	16	192	-	192
Commercial	38	43	(5)	4	4	-	42	47	(5)
Self-Pay	642	1,082	(440)	44	101	(57)	686	1,183	(497)
Charity	128	-	128	10	-	10	138	-	138
Cermak	30	-	30	-	-	-	30	-	30
Grants	-	-	-	-	-	-	-	-	-
Institutional	1	-	1	-	-	-	1	-	1
Public Health	1	-	1	-	-	-	1	-	1
Workmens' Compensation	-	-	-	-	-	-	-	-	-
Total Admissions	1,620	1,882	(262)	111	136	(25)	1,731	2,018	(287)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	876	999	(123)	51	73	(22)	927	1,072	(145)
Medicaid	1,540	3,269	(1,729)	58	88	(30)	1,598	3,357	(1,759)
Medicaid-Pending	647	-	647	20	-	20	667	-	667
1115 Waiver	813	-	813	116	-	116	929	-	929
Commercial	186	342	(156)	18	11	7	204	353	(149)
Self-Pay	3,112	4,701	(1,589)	172	328	(156)	3,284	5,029	(1,745)
Charity	464	-	464	23	-	23	487	-	487
Cermak	129	-	129	-	-	-	129	-	129
Grants	-	-	-	-	-	-	-	-	-
Institutional	2	-	2	-	-	-	2	-	2
Public Health	5	-	5	-	-	-	5	-	5
Workmens' Compensation	-	-	-	-	-	-	-	-	-
Total Patient Days	7,774	9,311	(1,537)	458	500	(42)	8,232	9,811	(1,579)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,731	2,288	(557)	190	326	(136)	1,921	2,614	(693)
Medicaid	3,043	7,487	(4,444)	215	393	(178)	3,258	7,880	(4,622)
Medicaid-Pending	1,279	-	1,279	75	-	75	1,354	-	1,354
1115 Waiver	1,607	-	1,607	432	-	432	2,039	-	2,039
Commercial	368	783	(415)	67	49	18	435	832	(397)
Self-Pay	6,150	10,768	(4,618)	641	377	264	6,791	11,145	(4,354)
Charity	917	-	917	86	-	86	1,003	-	1,003
Cermak	255	-	255	-	-	-	255	-	255
Grants	-	-	-	-	-	-	-	-	-
Institutional	4	-	4	-	-	-	4	-	4
Public Health	10	-	10	-	-	-	10	-	10
Workmens' Compensation	-	-	-	-	-	-	-	-	-
Total Adjusted Patient Days	15,364	21,326	(5,962)	1,706	1,145	561	17,070	22,471	(5,401)

Average Length of Stay

Payer Type	Stroger Hospital			Provident Hospital		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	4.7	4.8	(0.1)	3.0	3.7	(0.7)
Medicaid	6.3	4.8	1.5	3.9	3.7	0.2
Medicaid-Pending	5.2	4.8	0.4	6.5	3.7	2.8
1115 Waiver	4.7	4.8	(0.1)	5.9	3.7	2.2
Commercial	4.8	4.8	-	5.3	3.7	1.6
Self-Pay	4.0	4.8	(0.8)	4.8	3.7	1.1
Charity	3.8	4.8	(1.0)	2.4	3.7	(1.3)
Grants	-	-	-	-	-	-
Cermak	3.7	4.8	(1.1)	-	-	-
Institutional	-	-	-	-	-	-
Public Health	5.0	4.8	0.2	-	-	-
Workmens' Compensation	-	-	-	-	-	-
Overall Average LOS	4.7	4.8	(0.1)	4.5	3.7	0.8

-The primary insurance has been used to determine "Payer Type".

-The "Payer Type" represents the financial class in which the patient presented to CCHHS; not necessarily the final financial class for the patient.

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative For Fiscal Year 2013 Through November-2013

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,827	2,543	284	199	231	(32)	3,026	2,774	252
Medicaid	5,587	7,268	(1,681)	230	263	(33)	5,817	7,531	(1,714)
Medicaid-Pending	281	-	281	11	-	11	292	-	292
1115 Waiver	1,014	-	1,014	106	-	106	1,120	-	1,120
Commercial	518	650	(132)	34	35	(1)	552	685	(133)
Self-Pay	9,637	13,216	(3,579)	629	1,128	(499)	10,266	14,344	(4,078)
Charity	2,789	-	2,789	198	-	198	2,987	-	2,987
Cermak	339	-	339	1	-	1	340	-	340
Grants	2	-	2	-	-	-	2	-	2
Institutional	3	-	3	-	-	-	3	-	3
Public Health	10	-	10	1	-	1	11	-	11
Workmens' Compensation	13	-	13	-	-	-	13	-	13
Total Admissions	23,020	23,677	(657)	1,409	1,657	(248)	24,429	25,334	(905)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	12,553	12,153	400	852	892	(40)	13,405	13,045	360
Medicaid	28,075	39,774	(11,699)	936	1,069	(133)	29,011	40,843	(11,832)
Medicaid-Pending	1,536	-	1,536	64	-	64	1,600	-	1,600
1115 Waiver	4,773	-	4,773	494	-	494	5,267	-	5,267
Commercial	2,931	4,159	(1,228)	106	133	(27)	3,037	4,292	(1,255)
Self-Pay	45,852	57,199	(11,347)	2,562	3,988	(1,426)	48,414	61,187	(12,773)
Charity	11,170	-	11,170	686	-	686	11,856	-	11,856
Cermak	1,382	-	1,382	1	-	1	1,383	-	1,383
Grants	33	-	33	-	-	-	33	-	33
Institutional	31	-	31	-	-	-	31	-	31
Public Health	41	-	41	2	-	2	43	-	43
Workmens' Compensation	130	-	130	-	-	-	130	-	130
Total Patient Days	108,507	113,285	(4,778)	5,703	6,082	(379)	114,210	119,367	(5,157)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	24,372	27,268	(2,896)	2,970	3,792	(822)	27,342	31,060	(3,718)
Medicaid	54,260	89,165	(34,905)	3,181	4,556	(1,375)	57,441	93,721	(36,280)
Medicaid-Pending	3,026	-	3,026	237	-	237	3,263	-	3,263
1115 Waiver	9,324	-	9,324	1,801	-	1,801	11,125	-	11,125
Commercial	5,696	9,337	(3,641)	371	567	(196)	6,067	9,904	(3,837)
Self-Pay	89,023	128,374	(39,351)	8,823	8,438	385	97,846	136,812	(38,966)
Charity	21,669	-	21,669	2,324	-	2,324	23,993	-	23,993
Cermak	2,685	-	2,685	3	-	3	2,688	-	2,688
Grants	65	-	65	-	-	-	65	-	65
Institutional	61	-	61	-	-	-	61	-	61
Public Health	81	-	81	7	-	7	88	-	88
Workmens' Compensation	254	-	254	-	-	-	254	-	254
Total Adjusted Patient Days	210,516	254,144	(43,628)	19,717	17,353	2,364	230,233	271,497	(41,264)

-The primary insurance has been used to determine "Payer Type".

-The "Payer Type" represents the financial class in which the patient presented to CCHHS; not necessarily the final financial class for the patient.

CCHHS Utilization Factors

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Emergency Room And Immediate Care Visits For November-2013**

Stroger Hospital

Payer Type	ER Patients	Total Visits		Total Visits	
	Treated And Released	Admissions From ER	Before Elopes	ER Elopes	& Elopes
Medicare	497	153	650	48	698
Medicaid	1,096	185	1,281	105	1,386
Medicaid-Pending	74	76	150	11	161
1115 Waiver	970	119	1,089	67	1,156
Commercial	172	25	197	7	204
Self-Pay	4,739	482	5,221	463	5,684
Charity	635	80	715	50	765
Cermak	61	29	90	-	90
Grants & Research	-	-	-	-	-
Public Health	10	1	11	6	17
Institutional	9	1	10	2	12
Workmens' Compensation	4	-	4	-	4
Totals	8,267	1,151	9,418	759	10,177
		Budget	10,277		
		Variance	(859)		

Provident Hospital

Payer Type	ER Patients	Total Visits		Total Visits	
	Treated And Released	Admissions From ER	Before Elopes	ER Elopes	& Elopes
Medicare	155	17	172	8	180
Medicaid	399	15	414	36	450
Medicaid-Pending	8	5	13	1	14
1115 Waiver	356	16	372	15	387
Commercial	65	4	69	3	72
Self-Pay	1,361	40	1,401	100	1,501
Charity	137	7	144	7	151
Cermak	-	-	-	-	-
Grants & Research	-	-	-	-	-
Public Health	4	-	4	-	4
Institutional	1	-	1	1	2
Workmens' Compensation	-	-	-	-	-
Totals	2,486	104	2,590	171	2,761
		Budget	2,704		
		Variance	(114)		

Oak Forest Health Center

Payer Type	Immediate Care Visits
Medicare	60
Medicaid	60
Medicaid-Pending	-
1115 Waiver	205
Commercial	24
Self-Pay	733
Charity	124
Cermak	-
Grants & Research	-
Public Health	-
Institutional	-
Workmens' Compensation	-
Totals	1,206
	Budget 1,608
	Variance (402)

ER and Immediate Care Total

Payer Type	ER Patients	Total Visits		Total ER and Immediate Care Visits	
	Treated And Released	Admissions From ER	Immediate Care Visits	Elopes	with Elopes
Medicare	652	170	60	882	938
Medicaid	1,495	200	60	1,755	1,896
Medicaid-Pending	82	81	-	163	175
1115 Waiver	1,326	135	205	1,666	1,748
Commercial	237	29	24	290	300
Self-Pay	6,100	522	733	7,355	7,918
Charity	772	87	124	983	1,040
Cermak	61	29	-	90	90
Grants & Research	-	-	-	-	-
Public Health	14	1	-	15	21
Institutional	10	1	-	11	14
Workmens' Compensation	4	-	-	4	4
Totals	10,753	1,255	1,206	13,214	14,144
		ER and Immediate Care Budget		14,589	
		Variance		(1,375)	

Percent Of Admissions From Emergency Room For Month Of November-2013

	SHCC	PHCC	CCHHS
ER Admissions	1,151	104	1,255
Total Admissions	1,620	111	1,731
% of ER Admissions	71%	94%	73%

Emergency Room Elope Percentage For Month Of November-2013

	SHCC	PHCC	CCHHS
ER Elopes	759	171	930
Total Visits with Elopes	10,177	2,761	12,938
% of ER Elopes	7%	6%	7%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

CCHHS Utilization Factors

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative Emergency Room And Immediate Care Visits Through November-2013**

Stroger Hospital

Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	5,736	2,292	8,028	681	8,709
Medicaid	22,331	3,729	26,060	2,654	28,714
Medicaid-Pending	179	198	377	25	402
1115 Waiver	4,243	690	4,933	388	5,321
Commercial	2,627	359	2,986	183	3,169
Self-Pay	58,159	7,305	65,464	7,894	73,358
Charity	9,825	1,827	11,652	973	12,625
Cermak	618	312	930	19	949
Grants & Research	14	2	16	3	19
Public Health	132	8	140	54	194
Institutional	162	3	165	12	177
Workmens' Compensation	42	9	51	4	55
Totals	104,068	16,734	120,802	12,890	133,692
		Budget	125,028		
		Variance	(4,226)		

Provident Hospital

Payer Type	ER Patients Treated And Released	Admissions From ER	Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	1,999	187	2,186	155	2,341
Medicaid	5,601	222	5,823	715	6,538
Medicaid-Pending	17	11	28	2	30
1115 Waiver	1,553	93	1,646	100	1,746
Commercial	860	33	893	68	961
Self-Pay	17,289	581	17,870	2,077	19,947
Charity	3,170	149	3,319	265	3,584
Cermak	9	1	10	1	11
Grants & Research	2	-	2	-	2
Public Health	38	1	39	7	46
Institutional	34	-	34	2	36
Workmens' Compensation	2	-	2	1	3
Totals	30,574	1,278	31,852	3,393	35,245
		Budget	32,901		
		Variance	(1,049)		

Oak Forest Health Center

Payer Type	Immediate Care Visits
Medicare	657
Medicaid	1,024
Medicaid-Pending	-
1115 Waiver	892
Commercial	281
Self-Pay	9,858
Charity	2,798
Cermak	-
Grants & Research	-
Public Health	25
Institutional	5
Workmens' Compensation	4
Totals	15,544
	Budget 19,562
	Variance (4,018)

ER and Immediate Care Total

Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	7,735	2,479	657	10,871	836	11,707
Medicaid	27,932	3,951	1,024	32,907	3,369	36,276
Medicaid-Pending	196	209	-	405	27	432
1115 Waiver	5,796	783	892	7,471	488	7,959
Commercial	3,487	392	281	4,160	251	4,411
Self-Pay	75,448	7,886	9,858	93,192	9,971	103,163
Charity	12,995	1,976	2,798	17,769	1,238	19,007
Cermak	627	313	-	940	20	960
Grants & Research	16	2	-	18	3	21
Public Health	170	9	25	204	61	265
Institutional	196	3	5	204	14	218
Workmens' Compensation	44	9	4	57	5	62
Totals	134,642	18,012	15,544	168,198	16,283	184,481
			ER and Immediate Care Budget	177,491		
			Variance	(9,293)		

Cumulative Percent Of Admissions From Emergency Room Through November-2013

	SHCC	PHCC	CCHHS
ER Admissions	16,734	1,278	18,012
Total Admissions	23,020	1,409	24,429
% of ER Admissions	73%	91%	74%

Cumulative Emergency Room Elope Percentage Through November-2013

	SHCC	PHCC	CCHHS
ER Elopes	12,890	3,393	16,283
Total Visits with Elopes	133,692	35,245	168,937
% of ER Elopes	10%	10%	10%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopes are patients who leave without being seen by a physician.

- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.

- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

**CCHHS Utilization Factors
ACHN Clinic Visits - November-2013**

ACHN Clinic Visits - November-2013

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	29,399	32,664	(3,265)
WEST CLUSTER	4,588	6,080	(1,492)
SOUTH CLUSTER	4,977	5,874	(897)
SOUTH SUBURBAN CLUSTER	4,365	5,528	(1,163)
Total ACHN Visits	43,329	50,146	(6,817)

Cumulative ACHN Clinic Visits Through November-2013

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	387,177	397,432	(10,255)
WEST CLUSTER	65,215	73,983	(8,768)
SOUTH CLUSTER	69,904	71,467	(1,563)
SOUTH SUBURBAN CLUSTER	66,652	67,267	(615)
Total ACHN Visits	588,948	610,149	(21,201)

Cook County Health and Hospitals System
Top Ten DRG's - November-2013

John H. Stroger, Jr. Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	47	105	2.2	0.7395	2.7
2	775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	39	103	2.6	0.5625	2.1
3	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	38	80	2.1	0.9903	1.8
4	603 CELLULITIS W/O MCC	35	84	2.4	0.8402	3.7
5	313 CHEST PAIN	35	66	1.9	0.5992	1.7
6	794 NEONATE W OTHER SIGNIFICANT PROBLEMS	31	175	5.7	1.2494	3.4
7	690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	26	68	2.6	0.7693	3.3
8	812 RED BLOOD CELL DISORDERS W/O MCC	25	68	2.7	0.7985	2.7
9	292 HEART FAILURE & SHOCK W CC	24	93	3.9	0.9938	3.9
10	192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	21	52	2.5	0.7120	3.0

Provident Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	313 CHEST PAIN	27	78	2.9	0.5992	1.7
2	292 HEART FAILURE & SHOCK W CC	10	47	4.7	0.9938	3.9
3	195 SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	7	28	4.0	0.6997	3.0
4	293 HEART FAILURE & SHOCK W/O CC/MCC	7	23	3.3	0.6723	2.7
5	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	6	13	2.2	0.9903	1.8
6	312 SYNCOPE & COLLAPSE	4	18	4.5	0.7228	2.3
7	305 HYPERTENSION W/O MCC	4	6	1.5	0.6176	2.1
8	194 SIMPLE PNEUMONIA & PLEURISY W CC	3	27	9.0	0.9771	4.0
9	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	3	13	4.3	0.7395	2.7
10	203 BRONCHITIS & ASTHMA W/O CC/MCC	3	6	2.0	0.6391	2.6